है उसमें सबसे बडा भाग सरकार की अपनी जमीन का है जिसमें ज्यादा दाम नहीं देने पड़ेंगे। दूसरी बात यह है कि ...

श्री सभापति : वह सभी चीजें देखेंगे। बड़ी मुश्किल पड़ जाएगी। मैंने मध्य प्रदेश वालों को रोक दिया बोलने से वरना वह भी कहते ...

श्री चतुरानन मिश्र : वहां नजदीक में बोकारो का कारखाना है जिसमें कम दाम में उनको लाहा मिल जाएगा और नजदीक में इंडियन एक्सप्लोसिव है जहां से एक्स-लोसिव मिल जाएगा और नजदीक में हांटया है।

इसलिए मैं माननीय मंत्री महोदय से यह जानना चाहता हूं कि इन तथ्यों को देखते हुए कि 15 वर्ष तक बिहार को अति जो कारखाना देने में केंद्र की तरफ से उपेक्षा की गई है और उस वजह से बिहार में यह भावना जेनरेट हो रही है कि जब हल्ला-गुल्ला किया जाता है और हथियार उठाये जाते हैं तब ही कारखाना मिलता है इसको टालने के लिए क्या आप सहानुभूतिपूर्वक इस मामले पर और बिहार के मामले पर विचार करेंगे ?

श्री सभापति : सब पर सहानुभूतिपूर्वक विचार करेंगे।

SHRI CHINTAMANI PANIGRAHI: Sir, I appreciate the sentiments expressed by the hon. Member.

MR. CHAIRMAN: Of other Members also.

SHRI CHINTAMANI PANIGRAHI: As I said earlier, there are criteria, as Mr. Mishra has said, as to how much land is needed, then electricity is needed, water is needed. The land needed is approximately 7500 acres. *(Interruptions).* All those things will be taken into consideration. We consider the cases of all the States alike on merit.

Non-availability of ' Anti-Rabie Vaccine HDC-V in Saldarjung Hospital

*362. SHRI ANAND SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the non-availability of anti-Rabies vaccine HDC-V led to the death of a patient in the Safdarjung Hospital in January, 1989; and

(b) if so, what is the position pertaining to the availability of HDC-V in the country at present?

THE MINISTER OF TEXTILES AND THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAM NIWAS MIRDHA): (a) and (b) A statement is laid on the Table of the Sabha.

Statement

The patient Mr. Bachan Singh from Uttar Pradesh had received the full course of anti-rabies vaccine after the dog bite, before being admitted to Safdarjung Hospital. There was, therefore, no need for further vaccination.

40 million ml. of nervous tissue anti-rabies vaccine is being produced in 12 Public Sector Institutes and supplied to all the States. Two varieties of tissue culture anti-rabies vaccine are also being imported to supplement domestic production *i.e.* HDC-V (Human Diploid Cell Strain Vaccine) imported from the Institute of Merieux, Lyon, France and PCEC Vaccine (Purified Chick Embryo Cell Vaccine) marketed by Hoechst India Ltd., under the name RABIPUR. M/S. Serum Institute, Poona the sole selling agent of Institute, Merieux, Lyon, France are supplying the vaccine HDC-V manufactured at the French Institute.

Efforts are being made to produce an indigenous tissue culture vaccine at Pasteur Institute of India Coonoor and National Institute of Immunology, Delhi has undertaken research and development of genetically engineered anti-rabies vaccine.

The Department of Bio-Technology is also exploring the possibility of manufacturing the tissue culture vaccine in collaboration with the Institute Merieux, Lyon, Francoe.

SHRI ANAND SHARMA: Sir, tht question esssntially pertains to the availability of ihe vaccine to treat rabies cases as well as the quality of the vaccine which is available. In reality the CGHS has much to answer about preparation ot the vaccines and makmg th« vaccines available not only in the case or this disease but other diseases also. There are instance[5] when the vaccines which are meant tor treating the patients result in actually causmg the d'se<tse as it happened recently in the case ot immunoglobulins which were tound to be having AIDS antigens and antibodies. In this particular case toi treating rabies there are various types ot vaccines which are available, 12 are locally produced and two are imported, the one is HDCV (Human Deployed cell S/Vaccine) and the other is PCEC (Purified Chick Embryo Cell Vaccine). As per all accounts the HDCV is the most effective vaccine tor treating rabies patients. In this case the patient Bachan Singh trom U. P. was brought to Satdarjung hospital and he died as per the statement ot the doctors because ot the non availability ot the HDCV. The reply says, that he was given a tull course ot anti-rabies vaccine betore being brought to Satdarjung hospital. That may be correct but he was brought to the hospital alter the post-vaccine complications which are more prominent in the case ot other vaccines. The situation demanded prompt brain culture as well as injecting the patient with HDCV but the brain tissue was not sent tor culture.

I would like to know whether it is a tact that the actual diagnosis was not made and they had not sent the tissue tor culture till two days alter the patient's death and whether the doctor.- who were treating the patients were unaware ol being exposed to this disease. It so, what were the steps taken in this regard?

SHRI RAM NIWAS MIRDHA: Sir, Shri Bachan Singh was admitted in the hospital on 30th December, 1988, because he was showing some symptoms which can partly be due to the previous vaccination, as <he hon. Member has also said, partly because ol the rabies disease which can develop in spite ol vaccination. He was treated in Bulandshahr. All the 14 injections that are necessary lor treatment ot a case ot this nature were given to him, still he developed some symptoms and he was brought here. He was given all possible treatment that was necessary. It was not suggested that HDCV will save him at that time. It is not correct. I will come to HDCV later, but then the doctors had their own problems. He was put in intensive care, he was having respiratory problem, he was put on an artificial respirator and all other treatment was given to him. But he died on 14th January. The doctors who were treating him teIt that smce they were treating a rabies patient, they should also be immunised, which was lair enough. There are two types ot vaccines that are available, a nart trom the conventional one which is manmactured in our own country and which is not as effective. I admit, and which takes tourteen doses and is also very painful. The doctors particukly wanted this HDC-V vaccine. HDC-V is an imported one and the

other one whieh the hon.Membermentioned—PCEC—is vailable inthe country and the experts havesaid that they are equally effective. But since the doctors insisted that they wanted the imported one, the imported one was supplied to them and they were vaccinated with that. So there was some problem for a day or so whether the HDC-V should be given or PCEC should be given. It was sorted out and they were given, as theydesired, HDC-V.

SHRT ANAND SHARMA : Sir, the hoa. Minister perhaps is also aware that the doctors were compelled to go on strike because of the non-availability of the HDC-V vaccine. In case of rabies patient, the doctors who are treating the patient a'so face a grave danger because even from inhalation and if there is a minor scratch, the doctors also contract rabies. Two years back, a resident doctor at the Saldarjung Hospital died alter contracting rabies. The Medical Superintendent, in ths particular case, of the Safdarjung Hospital has gone on record to say 'hat HDC-V was initially not given after the provisional test to the doctors because of the prohibitive cost of the vaccine, which is Rs. 350 per injection. That is the statement of Dr. Srivastava. Ii that is the case, may I request the hon. Minister to have an enquiry ordered into it because the lives of doctors were also involved and to see that in future the desired vaccine is made available for treating the doctors also?

SHRI RAM NIWAS MIR-DHA: Sir, I will again go to the expsrts' opinion. The Director, N1CD has opined—and I quote him: "OUT experience with rabipin *vis-a-vis* HDC-V has shown both the vaccines to be equally good so far as safety and potency of the vaccine is concerned ". But still wo did not enter into a controversy. Because the doctors wanted the imported one we gave it to them. There is no question of its not being available. They were agitated "we want the other one". In spite *oi* this categorical opinion irom the Director of the Institute, we provided them that. So there is no question of not treating the doctors properly.

SHRIMATI SUDHA VIJAY JOSHI: I would like to know from the hon. Minister if any study has been made in legard to requirements of this drug on a nation-wide basis; and if so; what steps are being taken to ensure its regular and timely supply at different centres?

SHRI RAM NIWAS MIRDHA: Sir, at the present time wearernanu-tacturing what we call the conventional type of vaccine. But since the technology oi making vaccines has developed a lot, particularly from the point of view of tissue culture, we are seeing that both the types that are mentioned here are produced in our country. One important decision that has been "aken is to start a vaccine lactory in Gurgaon in collaboration with the French authorities and it will start production, we believe, by 1991 and we hope the situation would considerably improve in the sense that the latest one we will be able to. get in our country instead of importing it.

DR. R. K. PODDAR: Sir, I would like to know what steps the Government is taking for encouraging the existing virological research institutes. Some authorities have expressed the desire that if they are supplied the infrastructural facilities, they can also produce these vaccines. What is the actual shortfall of this kind of vaccine and is it possible to produce this within the country, without going into foreign collaboration?

SHRI RAM NIWAS MIRDHA: Sir, I have already said it in my answer, which I will quote again: "Efforts are being made to produce an indigenous tissue culture vaccine at Pasteur Institute of India, Coonoor and National Institute of Immunology, Delhi has undertaken research...."

DR. R. K. PODDAR: I asked, what are the existing virological institutions? They have expressed that if they are provided with some infrastructural facilities, they can produx this vaccine here itself.

SHRI RAM NIWAS MIRDHA: I am going further. The Pasteur Institute at Coonoor is already doing so. They are experimenting with this, they have reached a certain stage, animal trials are being held. They are working on these lines and we fully encourage them to proceed in this respect.

SHRIMATI JAYANTHI NATARAJAN: Sir, apart from what the honourable Member mentioned about the doctors, we are more concerned ab:>ut the actual people. The vaccine given for rabies is a passive immunization. After the exposure the injections are given. To be sure, we ought to have an idea of how many rabies cases are there every year so that we have an adequate stock of the vaccine. I vvant to know from the honourable Minister whether it is not a fact that the rabies vaccine that is produced in India—the figure has been given as 40 million millilitres —is highly antigenic and it also shows alarming symptoms of causing ascending paralysis. You may be treated effectively for rabies but you might end up having paralysis.

MR. CHAIRMAN: That is why he is going for the other one.

SHRIMATI JAYANTHI NATARAJAN: Therefore, if HDC-V is the only effective vaccine available, then why is it that we are still allowing the local vaccine—which is going to cause paralysis to the patients —to be supplied in the hospitals ? Why are we taking a myopic view of this?

MR. CHAIRMAN: Does it cause paralysis ?

SHRI RAM NIWAS MIRDHA: No, Sir. The present vaccine, the conventional one which we are using, does show some adverse reactions. We have studied them very thoroughly One case in 5,500 to 11,000 shows this reaction and these types of reactions are present in many of the other imported medicines that we use. So, we are aware of the reactions it causes in some cases, but we cannot discontinue this till we have other arrangements, which we are prepared to make.

Discontinuance of Loan Licence System for Pharmaceutical dustry

*363. DR. MOHD. HASHIM KIDWAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that Government propose to discontinue the loan licence system for the pharmaceutical industry;

(b) if so, what are the reasons therefore; and

(c) what is the number of persons who will be rendered jobless in the country as a result of such discontinuance of this system?

THE MINISTER OF TEXTILES AND THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAM NIWAS MIRDHA): (a) to (c) A statement is laid on the Table of oftheSabha.

Statement

A decision to discontinue the Loan Licensing System in a phased manner before the end of the 7th Five Year Plan was announced in the Drug Policy Document in December, 1986 by Government of India, Ministry of Industry, Department of Chemicals and Petro-Chemicals. However, fol-